

Kingsclere and Whitchurch
Rural District Council

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950



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KINGSCLERE AND WHITCHURCH RURAL
DISTRICT COUNCIL.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health :

A. A. COCKAYNE, D.S.C., B.A., M.R.C.S., L.R.C.P., D.P.H.
(resigned 30th September, 1950).

JOHN SLEIGH, M.B., Ch.B. (Aberd.), D.P.H. (Edin.).
(appointed 1st October, 1950).

Chief Sanitary Inspector :

R. A. OVER, A.R.San.I., M.S.I.A.

Additional Sanitary Inspectors :

T. H. JACKSON, M.R.San.I., M.S.I.A.

W. E. D. SMITH, M.R.San.I., M.S.I.A.

TO THE CHAIRMAN AND MEMBERS OF THE KINGSCLERE & WHITCHURCH RURAL DISTRICT COUNCIL :

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1950.

Over three years ago in March 1948, before the National Health Service had started, Dr. Ffrangcon Roberts, of Cambridge, foresaw, in an article entitled "Medicine in a Planned Economy"* the inevitable fate of the Service; and in a second article entitled "Cost of the National Health Service,"† he enlarged on the points he had made in the first article. No more important comment on the National Health Service has appeared than either of these articles.

Let me make one or two quotations from Dr. Roberts.

"Medicine contains within itself the means of its own expansion—namely the expansion of Science on which it is based—an expansion beyond the control of market conditions and of which the only certainty is that it will continue indefinitely."

"Society has opened a new Pandora's box, releasing new diseases of its own creation, and with them innumerable new methods of treating all the diseases which it cannot cure."

What do these statements mean in practical terms? Let me quote again from Dr. Roberts.

"Whatever medical activity we plot against time we find the same result; acceleration towards infinity."

"The truth is that, at any rate in regard to chronic disease, cure is being more and more outstripped by treatment, and there is no sign that the situation will be reversed. This prospect, ominous enough in itself, is rendered more ominous by the disturbing fact that advancing knowledge so often obscures rather than clears our vision."

Finally here are two quotations from an article "Medicine as a Planned Economy: The Biochemist's View"‡ by Dr. E. B. Hendry, of Edinburgh.

"Unless this acceleration towards infinity stops, the doctors of the near future will be concerned solely with the problem of collecting specimens to the exclusion of all other forms of practical medicine."

"If this acceleration towards infinity continues unchecked without a simultaneous and corresponding increase in laboratory facilities and staff, then the accuracy (and hence the value) of all biochemical analyses will accelerate towards zero."

* British Medical Journal 1948, I 485.

† British Medical Journal 1949, II 293.

‡ British Medical Journal 1948, I 567.

What is true of biochemistry is true of every other branch of medicine. If it were economically practicable for this inevitable and increasing acceleration to continue the whole population would ultimately be working a 24-hour day looking after the sick.

Dr. Hendry and Dr. Roberts in his first article, both suggest that at some point further expansion should be stopped. Dr. Roberts in his second article makes some general suggestions for the line of action to be followed by the medical profession, but I doubt whether these make enough allowance for the increasing pressure that would be exerted on the profession as the demand for expansion became even greater.

What is needed is a complete re-examination of the objectives of the medical profession. Broadly speaking the present position is that the existence of ill-health is accepted as natural, and the function of the medical profession is considered to be the cure, or most often the treatment of that ill-health. A careful examination of the inevitable result of such a policy, as shown by Dr. Roberts and Dr. Hendry, indicates that it can only lead to disaster.

This policy assumes that scientific advances make the diagnosis and treatment of disease more easy, when the opposite is really the case. Each new discovery makes the final solution appear not nearer, but further away, and this is what one might expect if one remembered that the one sure thing about Nature was her infinite complexity. So all the time we find more aids to diagnosis, and new means of treatment, making the picture of each disease more obscure and necessitating more hospitals, more nurses, and more doctors, and longer training for these.

Sheer economic necessity will force the collapse of this policy. What then can we put in its place?

I believe that we were meant to be healthy, not unhealthy, and that if we fail to be healthy we should not accept this as inevitable, but should seek for the cause in our environment. The influence of heredity as a cause of ill health is steadily being found to be less important than was once thought. Instead of research into the diagnosis and treatment of disease, let us have research into the causes of disease and better still into the causes of health.

It may be argued that such research will be as complex and as unrewarding as is our present research. But I believe further that what we will find in every instance is that where we thought we could improve on Nature, we were wrong, and that as this truth is repeated again and again we will realise that for each disease it is only in the direction of aberrations from Nature that we need look for a cause and that if we live naturally we need not fear disease.

This will require a revolution in medical thought. There is one branch only of the medical profession that measures men by the yardstick of health rather than by that of disease, and that is fitted by outlook to lead such a revolution. It is the Public Health Service.

HOUSING.

The three primary requirements for mankind are food, shelter and clothing, in that order. With full employment and rationing of foodstuffs in short supply, the first and last requirements are satisfied, but unhappily the same cannot be said of the second. Unquestionably the housing problem is the most serious matter affecting the health, mental as well as physical, of the people, and it is the duty of all in public office, whether high or low, to lose no opportunity of stating again the present disastrous situation, and of urging that active steps be taken for its amelioration.

The current rate of building in England and Wales is 172,000 houses per year. This is exactly half the figure for 1938 (344,000) and further is less than the number required for replacements (182,000). These few figures are sufficient to explain why lists of prospective tenants for Council houses have increased rather than decreased over the last six years. It is said that we are building as many houses as we can afford, and that our resources are strained to the uttermost by our many commitments. If this is the case, then some reallocation of the proportions of our expenditure should be made which would give Housing the place it deserves. The amount spent on the National Health Service for example is one and a half times as great as that spent on Housing, but I would not care to say that it does one and a half times as much for health.

It may be of interest to compare the number of houses built in Kingsclere and Whitchurch Rural District (population 17,540) since the end of the war with the number which might have been expected had houses been built at the same rate as in all Rural Districts (population 8,002,613). 157,722 permanent and 9,998 temporary houses total 167,720) were built in all Rural Districts up to the end of 1950, and on that basis 346 permanent and 22 temporary houses (total 368) might have been built in Kingsclere and Whitchurch Rural District. The actual figures were 372 permanent and 10 temporary houses (total 382), giving 108%, 45% and 104% respectively of what might have been expected.

I am indebted to Mr. R. A. Over, A.R.San.I., M.S.I.A., Chief Sanitary Inspector, for his assistance in the preparation of this report (Sections C. D and E).

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

JOHN SLEIGH.

SECTION A: STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

(1949 figures in brackets).

| | | | |
|---|--------|----------|-----------|
| Area (in acres) | ... .. | 77,394 | (77,394) |
| Registrar General's estimate of resident population | | 17,620 | (17,540) |
| Number of inhabited houses according to Rate Books | ... .. | 5,194 | (4,944) |
| Rateable Value | ... .. | £100,832 | (£98,202) |
| Sum represented by a penny rate | ... .. | £420 | (£409) |

CHIEF INDUSTRIES CARRIED ON IN THE AREA.

Below are given Ministry of National Insurance figures of numbers employed, obtained from the Ministry of Labour. It is not possible to give figures for the Rural District of Kingsclere and Whitechurch as Ministry of National Insurance areas are based not on existing Local Government areas but on the towns and the areas of country draining naturally into them. The figures given are for the area of the Andover office of the Ministry of National Insurance, which area comprises:

Andover Municipal Borough.

Andover Rural District.

Hurstbourne Priors, Laverstoke, St. Mary Bourne, Whitechurch, and Portals only in Overton, in Kingsclere and Whitechurch Rural District.

Broughton, Houghton, Leckford, Longstock, Nether Wallop, Over Wallop and Stockbridge, in Romsey and Stockbridge Rural District.

| | | |
|-------------------------------|--------|---------------|
| Agriculture | ... .. | 2,000 |
| Paper Making and Printing | ... .. | 1,600 |
| Local and National Government | ... .. | 1,400 |
| Building | ... .. | 1,300 |
| Distributive Trades | ... .. | 1,100 |
| Engineering, Garages, etc. | ... .. | 1,100 |
| Food and Drink, etc. | ... .. | 500 |
| Woodwork, etc. | ... .. | 500 |
| Transport | ... .. | 350 |
| Professions | ... .. | 180 |
| All others | ... .. | 1,670 |
| Total | ... .. | <u>11,700</u> |

EXTENT OF UNEMPLOYMENT.

This is virtually non-existent, being 0.1% (England and Wales 1.0%).

VITAL STATISTICS.

(1949 figures in brackets).

Birth-rates, Death-rates, Analysis of Mortality and Case-rates for Certain Infectious Diseases in the Year 1950. Provisional figures based on Quarterly Returns.

| | | | | | Kingsclere and Whitchurch R.D. | | England and Wales | |
|--|--|--|--|--|---|--------|----------------------|--------|
| Births | | | | | Rates per 1000 Home | | Population. | |
| Deaths | | | | | | | | |
| Live births | | | | | 19.9 | (17.1) | 15.8 | (19.7) |
| Still births | | | | | 0.23 | (0.40) | 0.37 | (0.39) |
| All causes | | | | | 12.0 | (10.1) | 11.6 | (11.7) |
| Typhoid and paratyphoid ... | | | | | 0.00 | (0.00) | 0.00 | (0.00) |
| Whooping cough | | | | | 0.00 | (0.00) | 0.01 | (0.01) |
| Diphtheria | | | | | 0.00 | (0.00) | 0.00 | (0.00) |
| Tuberculosis | | | | | 0.23 | (0.34) | 0.36 | (0.45) |
| Influenza | | | | | 0.00 | (0.00) | 0.10 | (0.15) |
| Smallpox | | | | | 0.00 | (0.00) | — | (0.00) |
| Acute poliomyelitis (including polioencephalitis | | | | | 0.00 | (0.00) | 0.02 | (0.01) |
| Pneumonia | | | | | 0.28 | (0.29) | 0.49 | (0.51) |
| Notifications (corrected) | | | | | | | | |
| Typhoid fever | | | | | 0.00 | (0.06) | 0.00 | (0.01) |
| Paratyphoid fever | | | | | 0.00 | (0.00) | 0.01 | (0.01) |
| Meningococcal infection ... | | | | | 0.00 | (0.06) | 0.03 | (0.02) |
| Scarlet fever | | | | | 1.76 | (0.74) | 1.50 | (1.63) |
| Whooping cough | | | | | 5.51 | (4.22) | 3.60 | (2.39) |
| Diphtheria | | | | | 0.00 | (0.00) | 0.02 | (0.04) |
| Erysipelas | | | | | 0.23 | (0.40) | 0.17 | (0.19) |
| Smallpox | | | | | 0.00 | (0.00) | 0.00 | (0.00) |
| Measles | | | | | 3.01 | (17.6) | 8.39 | (8.95) |
| Pneumonia | | | | | 1.36 | (1.43) | 0.70 | (0.80) |
| Acute poliomyelitis (including polioencephalitis) | | | | | | | | |
| Paralytic | | | | | 0.00 | | 0.13 | |
| Non-paralytic | | | | | 0.06 | | 0.05 | |
| Food poisoning | | | | | 0.00 | (0.00) | 0.17 | (0.14) |
| Deaths | | | | | | | | |
| | | | | | Rates per 1000 Live Births | | | |
| All causes under 1 years of age | | | | | 14.3 | (13.3) | 29.8 | (32) |
| Enteritis and diarrhoea under 2 years of age | | | | | | (0.00) | 1.9 | (3.0) |
| Notifications (corrected) | | | | | | | | |
| | | | | | Rates per 1000 Total (Live and Still) Births | | | |
| Puerperal fever and pyrexia ... | | | | | 0.00 | (3.26) | 5.81 | (6.31) |

BIRTH RATE.

It should be noted that the birth rate for 1950 (19.9 per 1000) was 4.1 per 1000 above that for England and Wales (15.8 per 1000). Even if the rate is standardised to allow for the differing age and sex distribution of the population in Kingsclere and Whitchurch Rural District as compared with that in England and Wales it is actually increased to 20.7 per 1000, and that increase is an indication that the age and sex distribution of the population in Kingsclere and Whitchurch Rural District is unfavourable for births as compared with that in England and Wales. The most important factor affecting the birth rate in one area as compared with that in the country as a whole is opportunity for marriage, as the number of babies born in any one family depends more on the date of marriage than on any other factor. The suggestion is therefore that there is some influence in Kingsclere and Whitchurch Rural District advancing the date of marriage. Unemployment is nil which is likely to be one factor and the only other factor that suggests itself is the presence in the district of large numbers of young men in the forces, etc.

At the same time it should not be forgotten that the birth rate for England and Wales is itself well below replacement level. The population is still increasing as a result of the increased expectation of life, but this is a temporary phenomenon, for we are now within measurable reach of the stage when nearly all will die of old age, and we have not yet been able to influence the onset of ageing. Unless we become able to do this, a sharp increase in the death rate is bound to supervene. In any case this increased population is one more and more overweighted with those who cannot do a day's work. Sooner or later the population will begin to decline.

It may seem absurd that the prospect of a declining population should be received with anything but equanimity in a country whose economic difficulties are due to the fact that she must buy food and the raw materials to manufacture into exports to sell to buy that food or her people will starve, whereas the countries from whom she buys the food and raw materials no longer need our exports, being able to produce their own manufactures or obtain them from other sources, and so drive a harder and harder bargain as can be shown for example by the devaluation of the £, which just meant we paid one third more for food and raw materials. A smaller population would need less food and need for food and raw material imports would be correspondingly reduced. The prospect of a declining population is however a very serious one. A declining population is inevitably one in which the older people outnumber the younger, and in which the smaller proportion of active people must work increasingly harder to support the greater proportion of non-active. The only kind of population decline which is not accompanied by this state of affairs is one brought about by planned emigration of cross-sections of all age groups of the community and in this connection it is interesting to note that the Commonwealth, and particularly Canada and Australia, cannot be developed for want of people. In the absence of such emigration the need for maintenance of the population at its present level outweighs all other considerations.

In the old days people produced children to look after them in their old age. Now they expect the State to do it. But the State is only the sum of the people in it, and how for example, the present value of Old Age Pensions can be maintained for more Pensioners by fewer producers it is difficult to see.

Whereas 100 years ago children were an economic asset, now they are a liability and everything must be done to correct this. Not only must it be made no longer a financial burden to rear a family by the provision of adequate family allowances, income tax reliefs, educational and housing

provision, and so on, but somehow or other the attitude of the community of the parents of more than one or two children, that they are fools, or improvident, or careless, or peculiar, must be altered.

DEATH RATE.

It should be noted that the death rate for 1950 (12.0 per 1000) was 0.4 per 1000 above that for England and Wales (11.6 per 1000). If the rate is standardised to allow for the differing age and sex distribution of the population in Kingsclere and Whitchurch Rural District as compared with that in England and Wales it is reduced to 10.4 per 1000. This is an indication that the age and sex distribution of the population in Kingsclere and Whitchurch Rural District is very unfavourable for deaths as compared with that in England and Wales. The suggestion is therefore that Kingsclere and Whitchurch Rural District is a healthy place in which to live.

Analysis of Mortality and Case Rates for Certain Infectious Diseases.

No significance can be attached to the Rates given for this Authority as the population is too small. It is hoped however that it will be of some interest to compare them with those for England and Wales. Probably the only figure for which any explanation is required are the measles case rates for this Authority for this year and last—this year's being low and last year's high. This is due to the fact that although measles occurs more or less equally each year for the country as a whole it occurs in each area in alternate years, as it takes two years for the level of immunity in the community to fall as a result of new births to the point at which an epidemic can recur.

It is hoped that it will be noted that the mortality rate for England and Wales for poliomyelitis is one fifth of that for influenza, one eighteenth of that for tuberculosis, and one twenty-third of that for pneumonia, and that the case rate for England and Wales for poliomyelitis is one quarter of that for pneumonia, one eighth of that for scarlet fever, one twentieth of that for whooping cough, and one forty-seventh of that for measles. Perhaps this may assist towards the preservation of a sense of proportion about the importance of poliomyelitis.

| Live Births | | | | Male | | Female | | Total | |
|--|-----|-----|-----|------|-------|--------|-------|-------|-------|
| Legitimate | ... | ... | ... | 156 | (146) | 179 | (138) | 335 | (284) |
| Illegitimate | ... | ... | ... | 9 | (10) | 6 | (6) | 15 | (16) |
| Total | ... | ... | ... | 165 | (156) | 185 | (144) | 350 | (300) |
| Still Births | | | | Male | | Female | | Total | |
| Legitimate | ... | ... | ... | 3 | (5) | 1 | (1) | 4 | (6) |
| Illegitimate | ... | ... | ... | 0 | (0) | 0 | (1) | 0 | (1) |
| Total | ... | ... | ... | 3 | (5) | 1 | (2) | 4 | (7) |
| Deaths of Infants under 1 year of age | | | | Male | | Female | | Total | |
| Legitimate | ... | ... | ... | 3 | (2) | 2 | (2) | 5 | (4) |
| Illegitimate | ... | ... | ... | 0 | (0) | 0 | (0) | 0 | (0) |
| Total | ... | ... | ... | 3 | (2) | 2 | (2) | 5 | (4) |

| Deaths of Infants under 4 weeks of age | Male | Female | Total |
|---|------|--------|-------|
| Legitimate | 3 | 2 | 5 |
| Illegitimate | 0 | 0 | 0 |
| Total | 3 | 2 | 5 |

| Deaths | Male | | Female | | Total | |
|--|------|------|--------|------|-------|------|
| Tuberculosis, respiratory | 2 | (3) | 0 | (3) | 2 | (6) |
| Tuberculosis, other ... | 1 | (0) | 1 | (0) | 2 | (0) |
| Syphilitic disease ... | 0 | (1) | 0 | (0) | 0 | (1) |
| Diphtheria | 0 | (0) | 0 | (0) | 0 | (0) |
| Whooping cough | 0 | (0) | 0 | (0) | 0 | (0) |
| Meningococcal infections | 0 | (0) | 0 | (0) | 0 | (0) |
| Acute poliomyelitis ... | 0 | (0) | 0 | (0) | 0 | (0) |
| Measles | 0 | (0) | 0 | (0) | 0 | (0) |
| Other infective and parasitic diseases ... | 0 | (0) | 0 | (0) | 0 | (0) |
| Malignant neoplasm, stomach | 0 | (1) | 1 | (0) | 1 | (1) |
| Malignant neoplasm, lung, bronchus ... | 4 | | 0 | | 4 | |
| Malignant neoplasm, breast | 0 | (0) | 3 | (2) | 3 | (2) |
| Malignant neoplasm, uterus | 0 | | 0 | | 0 | |
| Other malignant and lymphatic neoplasms | 11 | (8) | 9 | (13) | 20 | (21) |
| Leukaemia, aleukaemia | 1 | | 1 | | 2 | |
| Diabetes | 1 | (0) | 3 | (0) | 4 | (0) |
| Vascular lesions of ner- vous system | 8 | (7) | 21 | (15) | 29 | (22) |
| Coronary disease, angina | 10 | | 5 | | 15 | |
| Hypertension with heart disease | 2 | | 1 | | 3 | |
| Other heart disease ... | 34 | (34) | 33 | (38) | 67 | (72) |
| Other circulatory disease | 5 | (3) | 1 | (4) | 6 | (7) |
| Influenza | 0 | (0) | 0 | (0) | 0 | (0) |

| Deaths | | Male | | Female | | Total | |
|--|--------|------|------|--------|------|-------|-------|
| Pneumonia | ... .. | 3 | (2) | 2 | (3) | 5 | (5) |
| Bronchitis | ... .. | 1 | (3) | 1 | (1) | 2 | (4) |
| Other diseases of respiratory system | ... .. | 0 | (2) | 0 | (0) | 0 | (2) |
| Ulcer of stomach and duodenum | ... .. | 0 | (0) | 0 | (0) | 0 | (0) |
| Gastritis, enteritis, and diarrhoea | ... .. | 1 | (3) | 0 | (3) | 1 | (6) |
| Nephritis and nephrosis | | 1 | (3) | 0 | (2) | 1 | (5) |
| Hyperplasia of prostate | | 2 | | 0 | | 2 | |
| Pregnancy, childbirth, abortion | ... .. | 0 | (0) | 0 | (0) | 0 | (0) |
| Congenital malformations | | 1 | | 1 | | 2 | |
| Other defined and ill-defined diseases | ... .. | 12 | (14) | 8 | (8) | 20 | (22) |
| Motor vehicle accidents | | 3 | (2) | 0 | (0) | 3 | (2) |
| All other accidents | ... .. | 3 | | 3 | | 6 | |
| Suicide | ... .. | 1 | (0) | 0 | (0) | 1 | (0) |
| Homicide and operations of war | ... .. | 0 | | 0 | | 0 | |
| All causes | ... .. | 107 | (86) | 94 | (92) | 201 | (178) |

Poorer Life Expectation of Men.

No significance can be attached to the Deaths given for this Authority as the population is too small. It is hoped however that it will be of some interest to see how they are subdivided. Males tend to exceed females in the causes not attributable to old age, just as females tend to exceed males in the causes attributable to old age. This is due to the fact that women live longer than men. The last estimate for England and Wales* showed that whereas a boy born in 1949 could expect to live to be 66.01, a girl born in 1949 could expect to live to 70.63. On this information it is difficult to see the justification for granting pensions to women five years earlier than to men. It is interesting to note that at all ages the male has a poorer expectation of life than the female. There are even more miscarriages and still-births of male babies than there are of female babies. Nature is well aware of this problem and overcomes it by producing 1056 male babies for every 1000 female babies, so that the proportions of the sexes are equal in the early 20's, the physiological age for marriage and child bearing. The excess of females over males in the population is due

* Registrar General Quarterly Return No. 407 September Quarter 1950.

to the fact that the greater number of females than males for all age groups after the early 20's outweighs the greater number of males than females before and during the early 20's. The fact that there are more women than men does not therefore really affect the marriage prospects of women at all.

The discrepancy in expectation of life between men and women has actually been increasing in recent years.† For example between 1936-1939 and 1942 death rates of women at the four quinquennial age groups between 50 and 70 registered improvements ranging from 12 to 17 per cent., whilst the corresponding male rates showed improvements ranging from 5 to 13 per cent. Between 1942 and 1947 further improvements of about 5 per cent. occurred for women, but not for men. At ages 50-59 male rates ceased to fall at the end of the war and at ages 60-64 the rate began to rise after 1942, increasing 5 per cent. by 1947. The percentage ratio of male to female death rates in 1936-1939 at the four age groups were 149, 153, 146 and 139, but by 1947 they had risen to 163, 174, 176 and 159.

Increase in Certain Causes of Death.

The deaths given are classified for the first time under the headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948. These headings differ from those based on the Abridged List of Causes as used in England and Wales, under which the deaths given were classified previously. This explains the gaps in last year's figures in the table. The new classification is altered as compared with the old in accordance with the changes in causes of death which are taking place and some discussion of this subject is therefore relevant.

It is a fact that the fall in the death rate which has continued for many years is now becoming more uncertain. For example where as a boy born in 1948 could expect to live to be 66.39, and a girl born in 1948 could expect to live to be 71.15, on the mortality experience prevailing in 1948, a boy born in 1949 could expect to live to be 66.01, and a girl born in 1949 could expect to live to be 70.63, on the mortality experience prevailing in 1949*. The Comparative Mortality Index, which takes account of the changing sex-age composition of the population, shows that, compared with 1938 taken as 1.00, there was a fall in mortality from 0.920 in 1945 to 0.889 in 1946, and a rise in 1947 to 0.921 for men, and that the figure for women remained at 0.875 for 1945 and 1946, but increased to 0.892 in 1947.†

The new classification should simplify study of the changing pattern of causes of death. The diseases which are on the increase are the so called diseases of civilization (cancer, cerebral haemorrhage, coronary thrombosis and angina pectoris, and peptic ulcer) and if other causes of death are remaining stationary, or even being reduced, and the death rate itself is no longer heading downward in so definite a fashion as before, it appears that these diseases may be increasing at a rate greater than might be explained solely on the basis of an ageing population. At this stage any observations on the possible causes of such a situation must be speculative but it is interesting to note that all these conditions can be described as degenerations or aberrations of tissue. Now food is our primary requirement for life and health. Clothing is our third requirement only, and shelter our second, but without food we die. It is not unreasonable therefore to postulate some connection between degenerative diseases

† Registrar General Statistical Review of England and Wales, 1946 and 1947.

and the food we eat, particularly as tissue degeneration is more likely to be associated with faulty nutrition than is almost any other type of bodily ailment.

My own view is that what is most important in food is that it should be fresh, natural, and wholesome, not processed, sophisticated and adulterated. Sir Albert Howard found that cattle fed on pasture fertilized by returning to it the whole of the animal and vegetable refuse of the community could actually rub noses across a fence with cattle suffering from foot and mouth disease without contracting the infection. Sir Robert McCarrison found that whereas rats fed on whole wheat flour, butter, milk, fresh vegetables and meat grew well, had little disease and lived happily together, those fed on white flour, margarine, tinned meat, overcooked vegetables, jam, tea, sugar and a little milk grew ill, had much disease and lived unhappily together, the strong killing and eating the weak. He was even able to produce in rats the physical characteristics and disease patterns of the different peoples of India by feeding them on the diets of these various peoples. It is not generally realised that the disease pattern is entirely different in different races. But Science, obsessed with the investigation of the diseased, never thinks of the investigation of the healthy.

In so far as civilization is dependent on the thinker and the craftsman being released from the necessity of finding their own food, it may be, if freshness, naturalness, and wholesomeness are vital, the civilization is self destructive and that the breakdown of the ancient civilizations was due to the increasing artificiality of their diet. Viewed in that light the prospects of a country such as our own which can only feed a proportion of her population, do not seem good, but if it was even accepted as a principle that where possible fresh, natural, and wholesome food should be the objective, much would be gained. A moment's thought shows that this objective is very far from being considered today.

Smoking and Cancer of the Lung.

A recent statistical investigation* has disclosed that there is a significant relationship between smoking and cancer of the lung. There was a very much smaller percentage of non-smokers among a group of 649 men and 60 women with cancer of the lung (0.3% for men and 31.7% for women) than among a similar control group of men and women without cancer of the lung (4.2% for men and 53.3% for women). Among the smokers a very much higher percentage of patients with cancer of the lung were heavy smokers (26.0% for men and 14.6% for women smoked 25 or more cigarettes a day) than among the control group (13.5% for men and 0% for women smoked 25 or more cigarettes a day). It was calculated that above the age of 45 the risk of cancer of the lung was 50 times as great among those who smoked 25 or more cigarettes a day as among non-smokers.

Cancer is reputed to take some 10—15 years to develop, and it is not attractive to speculate what may be the death rate from cancer of the lung when the results of the spectacular increase in smoking since 1939 are fully felt. Even during the 25 years between 1922 and 1947 the annual number of deaths recorded in England and Wales increased from 612 to 9,287. It is not known what is the factor in cigarettes that is responsible for the position, but the obvious advice to anyone contemplating taking up smoking is "Don't."

* British Medical Journal 1950 II 739.

SECTION B: GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

National Health Service Act, 1946.

Local Health Services under Part III.

In paragraph 20 of Ministry of Health circular 118/47 it was recommended that all counties should be subdivided according to local health requirements, that in each subdivision the County Health Committee would appoint a subcommittee on which the Councils of County Districts comprising the subdivision would be represented, and to which would be delegated the day to day administration in the division of the Part III (Local Health Authority) Services, and that executive charge of these Services in the division would be taken either by an existing Assistant County Medical Officer, preferably one who was also Medical Officer of Health of one or more of the districts constituting the division, or by the Medical Officer of Health of one of these districts who would be appointed to the staff of the County Medical Officer.

No such subdivision has taken place in Hampshire. Charge of duties under Section 26 (Vaccination and Immunisation) is taken by the Medical Officer of Health, but charge of duties under Sections 22 (Care of Mothers and Young Children), 23 (Midwives), 24 (Health Visitors), 25 (Home Nursing), 27 (Ambulances), 28 (Prevention of Illness, Care and After Care) and 29 (Domestic Help) remains with the County Medical Officer. The District Health Sub Committee has advisory functions only in connection with Sections 23 (Midwives), 25 (Home Nursing) and 29 (Domestic Help) only, but the officers carrying out these services come directly under the control of the County Health Committee and are in no way answerable to the District Health Sub-Committee.

Section 26 (Vaccination and Immunisation).

This is therefore the only one of the Part III (Local Health Authority) Services under the National Health Service Act, on which I am able to report.

Notification of birth cards received by the County Medical Officer from the Health Visitors are sent to the Medical Officer of Health, who prepares Diphtheria Immunisation Record Cards from them, and these form a Diphtheria Immunisation Card Index. Consent cards received by parents from the Health Visitors are sent to the Medical Officer of Health who sends the corresponding Diphtheria Immunisation Record Cards to the general practitioners and they perform the immunisation. A Diphtheria Immunisation Clinic is also conducted by the Medical Officer of Health with the assistance of the Health Visitors at the Health Centre, Junction Road, Andover at 11 a.m. on the first Saturday in the month for those children whose parents wish them to be immunised by him.

This scheme works very well. In the past the parents of children whose Diphtheria Immunisation Record Cards had not been sent to the general practitioners by the time they were a year old, no consent cards having been received by the Medical Officer of Health, were visited by the Health Visitors but during 1950 this practice was discontinued as it was found in the majority of cases that these children were being immunised or had been immunised but Diphtheria Immunisation Record Cards had not been sent by the general practitioners to the Medical Officer of Health.

Diphtheria Immunisation.

ANNUAL RETURN FOR YEAR ENDED 31st DECEMBER, 1950.

| | |
|---|---|
| Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) in the above year. | Total number of children who were given a secondary or re-inforcing injection (i.e.: subsequent to complete full course). |
|---|---|

| Age at date of final injection. | Total | During year ending |
|----------------------------------|-------|---------------------|
| Under 5 5 to 14 | | 31st December 1950. |
| 156 48 | 204 | 146 |

IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December 1950 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January 1936).

| Age at 31st Dec., 1950: | under 1 | 1 | 2 | 3 | 4 | 5 to 9 | 10 to 14 | Total |
|-------------------------------------|---------|---------------------|------|------|------|---------------|-----------|----------|
| ie. Born in year: | 1950 | 1949 | 1948 | 1947 | 1946 | 1941-1945 | 1936-1940 | under 15 |
| Number immunised | ... | 123 | 173 | 392 | 420 | 193 | 309 | 130 |
| Estimated mid-year child population | 1950 | Children under five | | | | Children 5-14 | | 4085 |
| | | 1452 | | | | 2633 | | |

Diphtheria Notifications and Deaths in Relation to Immunisation during the year 1950
Nil.

The 1301 immunisations performed on the 1452 children under 5 represent a percentage of 89.6, the 439 immunisations performed on the 2633 children from 5-15 represent a percentage of 16.7 and the 1740 immunisations performed on the 4085 children under 15 represent a percentage of 42.6.

These percentages for 1950 may be compared with 62.7%, 73.4%, and 68.0% for rural districts, and with 57.1%, 73.4%, and 67.1% for the County for 1949. It will be seen therefore, that our percentages for under 5's are very considerably above those both for rural districts and for the County, for the previous year, but our percentages for 5's-15's and for all children under 15 fall hopelessly short of those for either rural districts or the County. These figures represent the result of a complete search through all our records and indicate that these records are obviously very far from complete.

The cause of this apparently unsatisfactory state of affairs is the return itself. It will be seen that it demands figures dating back to 1936, that is, 15 years old. But what is more important is that the return was only introduced in 1945 in which year it demanded figures dating back to 1931, that is 15 years old at that time. It is most unlikely that all the figures submitted at that time were based on records and many of them must have been estimates. Because of the peculiar nature of the return, later figures based on records have been added each year to those earlier figures, conferring on them an appearance of accuracy to which they may not have been entitled. The accuracy of this return in every case will not really be certain until 15 years from the date of its introduction, and comparisons based on returns at the present time are not necessarily of any great value. It will be seen also that figures for immunised children between the ages of 5 and 14 are given in two 5 year age groups which in each year's return refer to two

groups of 5 calendar years a year later than the two groups of the previous year's return, so that the return cannot be based on that for the previous year, but only on the records on which that return was based. In the case of this authority the only records which I was able to find gave the figures which I have set out above, and as these do not correspond in any way to the previous year's figures it is likely that these figures were an estimate. Because of the nature of the return it is not likely that this authority was the only one submitting for the previous year figures based on an estimate.

Diphtheria Immunisation and Poliomyelitis.

There was a drop of nearly 27,000 in immunisations done in the first months of 1950 as compared with the same period in 1949. The serious nature of this matter is shown by the fact that whereas in the 10 year period 1931-40 there was an average of 55,000 cases of diphtheria and 2,800 deaths each year, both these figures have fallen every year since 1941 as a result of the introduction of the diphtheria immunisation campaign, until in 1949 there were only 4,971 cases and 85 deaths. The value of diphtheria immunisation is therefore proved to the hilt and very careful thought should be taken before doing anything which may reduce the number of children immunised.

During the early months of 1950 reports appeared in the medical press which showed that there was a rare but statistically significant relationship between diphtheria immunisation and poliomyelitis in the innoculated limb and the drop in immunisations was the result. The poliomyelitis which develops is not due to the virus being introduced into the body with the immunisation, but to the tissues being rendered susceptible, as a result of the small degree of injury accompanying the immunisation, to the action of poliomyelitis virus already present in the body, so that clinical symptoms develop in a case which probably would otherwise have been one of the 99 symptomless cases which occur for each clinical one. The same tendency for clinical poliomyelitis to develop occurs following other injections, and is also seen following injury and even exertion, but it is possibly most noticeable in the case of diphtheria immunisation because this is an extremely common procedure and one carried out on the age groups susceptible to poliomyelitis.

Before these reports of the association between immunisation and poliomyelitis appeared, it would have been well if their authors had considered whether the harm to the community as a result of the decrease in the number of immunisations did not outweigh the advantage as a result of the reduction in the number of cases of poliomyelitis. What is wanted is a statistical investigation to show whether the possibility of death or disablement through poliomyelitis in the immunised is greater than the possibility of death or disablement through diphtheria in the unimmunised. When one considers the reduction in diphtheria cases from 55,000 to 4,971 and in deaths from 2,800 to 85 which has resulted following the diphtheria immunisation campaign in relation to the handful of cases of poliomyelitis with, because of their site, hardly any deaths, that follow immunisation, there can be very little doubt that it would be shown that our timidity has been entirely unjustified.

National Assistance Act, 1948.

Section 47—Removal to suitable premises of persons in need of care and attention. No action has been taken by the Council under this Section.

SECTION F: PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Final numbers according to Sex and Age after Corrections of Cases of Infectious and other notifiable Diseases notified during the year ended 31st December, 1950.

| | | | | Scarlet Fever. | | | Whooping Cough. | | |
|------------------|-----|-----|-----|----------------|----|--------|-----------------|----|--------|
| | | | | M | F | Total. | M | F | Total. |
| Under 1 year | ... | ... | ... | | | | 4 | 5 | 9 |
| 1-2 years | ... | ... | ... | | 1 | 1 | 6 | 19 | 25 |
| 3-4 years | ... | ... | ... | | | | 19 | 11 | 30 |
| 5-9 years | ... | ... | ... | 11 | 6 | 17 | 9 | 18 | 27 |
| 10-14 years | ... | ... | ... | 5 | 3 | 8 | 3 | 2 | 5 |
| 15-24 years | ... | ... | ... | 2 | | 2 | | | |
| 25 and over | ... | ... | ... | 1 | 2 | 3 | | 1 | 1 |
| Age unknown | | | | | | | | | |
| Total (All ages) | ... | ... | ... | 19 | 12 | 31 | 41 | 56 | 97 |

| | | | | Acute poliomyelitis Non paralytic | | | Measles. | | |
|------------------|-----|-----|-----|--------------------------------------|---|--------|----------|----|--------|
| | | | | M | F | Total. | M | F | Total. |
| Under 1 year | ... | ... | ... | | | | 1 | 1 | 2 |
| 1-2 years | ... | ... | ... | | | | 3 | 3 | 6 |
| 3-4 years | ... | ... | ... | | | | 4 | 5 | 9 |
| 5-9 years | ... | ... | ... | | | | 14 | 19 | 33 |
| 10-14 years | ... | ... | ... | 1 | | 1 | | 2 | 2 |
| 15-24 years | ... | ... | ... | | | | | 1 | 1 |
| 25 and over | | | | | | | | | |
| Age unknown | | | | | | | | | |
| Total (All ages) | ... | ... | ... | 1 | | 1 | 22 | 31 | 53 |

| | | | | Acute pneumonia. | | | Erysipelas. | | |
|------------------|-----|-----|-----|------------------|----|--------|-------------|---|--------|
| | | | | M | F | Total. | M | F | Total. |
| Under 5 years | ... | ... | ... | 3 | 2 | 5 | | | |
| 5-14 years | ... | ... | ... | 1 | 1 | 2 | | | |
| 15-44 years | ... | ... | ... | 7 | 2 | 9 | | 2 | 2 |
| 45-64 years | ... | ... | ... | 2 | 3 | 5 | | 1 | 1 |
| 65 and over | ... | ... | ... | 1 | 2 | 3 | 1 | | 1 |
| Age unknown | | | | | | | | | |
| Total (All ages) | ... | ... | ... | 14 | 10 | 24 | 1 | 3 | 4 |

INFECTIOUS DISEASES.

I am not in a position to comment on the case of poliomyelitis as this occurred before I took up office on 1st October, 1950. The cases of scarlet fever, measles, pneumonia, and erysipelas require no comment. Kingsclere and the virulence of scarlet fever is at present no more than that of measles, cases representing a rate of 5.51 per 1,000 as compared with that for England and Wales of 3.60 per 1,000) has been unfortunate, but by good luck these 97 cases have been accompanied by no deaths.

Whooping cough is by far the most serious of the common infections of childhood at the present time. All infections follow waves of virulence and the virulence of scarlet fever is at present no more than that of measles, or possibly even less. Whooping cough therefore stands out above all others, and it is good news that a recent statistical investigation* has disclosed that immunisation against whooping cough is of real value. Over a two to three year period of observation 149 of the 3,801 vaccinated children developed whooping cough whereas 687 of the 3,757 unvaccinated children developed whooping cough, giving attack rates per 1,000 child months of 1.45 and 6.72 respectively and a reduction in the incidence of the disease of 78%. Among children exposed to whooping cough in their own homes the attack rates were 18.2% in the vaccinated and 87.3% in the unvaccinated groups. The cases that occurred in the vaccinated were on the average less severe and of shorter duration than those in the unvaccinated children. Five vaccines were tested, of which much the most effective were two prepared by the Michigan Department of Health, but the other three were also of value. Further comparative investigations are now being made, but it is hoped that it will soon be possible to undertake a campaign similar to that already undertaken for diphtheria immunisation, and that the Public Health Service will be able to take the same part in the second campaign as it has done in the first.

* British Medical Journal, 1951, I, 1463.

TUBERCULOSIS.

| Age Periods. | M F Total. | | | M F Total. | | | M F Total. | | | M F Total. | | |
|----------------|--------------|---|---|------------------|---|---|--------------|---|---|------------------|---|---|
| | Respiratory. | | | Non-Respiratory. | | | Respiratory. | | | Non-Respiratory. | | |
| | New Cases. | | | | | | | | | Deaths. | | |
| 0— | | | | | | | | | | | | |
| 1— | | | | | | | | | | | | |
| 5— | ... | 1 | 1 | 1 | 1 | 2 | | | | | | |
| 15— | ... | | 1 | 1 | 1 | 1 | | | | | | |
| 25— | ... | 1 | 1 | 2 | | | 1 | 1 | | | | |
| 45— | ... | | 1 | 1 | | | | | | | | |
| 55— | ... | 1 | | 1 | | | | | | | | |
| 65 and upwards | | | | | | | 1 | 1 | 1 | 1 | 1 | 2 |
| Total | ... | 3 | 3 | 6 | 2 | 1 | 3 | 2 | 2 | 1 | 1 | 2 |

Number of cases on the Tuberculosis Register on 31st December, 1950.

(31st December 1949 in brackets)

| | Male. | | | Female. | | | Total. | | |
|-----------------|-------|-----|-------------|---------|-------------|-----|-------------|--|--|
| Respiratory | ... | ... | 29 ... (28) | ... | 31 ... (28) | ... | 60 ... (56) | | |
| Non Respiratory | ... | ... | 18 ... (17) | ... | 10 ... (10) | ... | 28 ... (27) | | |
| Total | ... | ... | 47 ... (45) | ... | 41 ... (38) | ... | 88 ... (83) | | |

The increase in the number of cases on the Tuberculosis Register should not be taken too seriously. The Tuberculosis Register is the most difficult to maintain accurate of the records which have to be kept by the Medical Officer of Health and the increase is as likely to be due to old cases not previously included in the Register as to new cases.

At this point however it is appropriate to discuss the question of vaccination against tuberculosis, and it is hoped that the following story will be of interest.*

At a girls' school in Copenhagen a case of pulmonary tuberculosis was discovered among the pupils in October, 1941. This led to a careful examination of all the pupils and the educational staff, with the disclosure on tuberculin tests of 200 non-reactors among the pupils. Of these 144 volunteered for B.C.G. vaccination. At a new compulsory examination of the whole school in December, 1942, the finding was 130 spontaneously tuberculin-positive, 133 tuberculin-positive after B.C.G. inoculation, and 105 tuberculin-negative (mainly newly admitted pupils).

In January-February, 1943, there broke out at the school an influenza-like epidemic which closer examination showed to be due to another tuberculous infection. The infection originated from a female teacher who taught in several forms. It was found that among 94 tuberculin-negative pupils 41 had developed pulmonary tuberculosis and one of these subsequently died. Among 106 B.C.G. vaccinated who had been exposed to infection there were two cases of pulmonary tuberculosis with no deaths, and among 105 originally tuberculin-positive there were four cases (only two of whom were considered to be connected with the infection at the school) with no deaths. Let us see this in tabular form.

| | Number of children. | | | | Cases | Deaths. | | |
|---------------------|---------------------|-----|-----|-----|-------|---------|-----|---|
| Tuberculin-negative | ... | ... | ... | 94 | ... | 41 | ... | 1 |
| B.C.G. vaccinated | ... | ... | ... | 106 | ... | 2 | ... | 0 |
| Tuberculin-positive | ... | ... | ... | 105 | ... | 2 | ... | 0 |

Although this work only records a number of cases of tuberculosis at a school the whole is as clear and unmistakeable as if it had been a question of a well planned laboratory experiment on hundreds of guinea pigs.

Many similar examples could be quoted but that one is obviously enough. The rate from tuberculosis in Scandinavia, where B.C.G. vaccination has been carried out for 20 years is only half of what it is in this country, children's sanatoria are closed for lack of patients, and tuberculous meningitis, the chief killing form of tuberculosis in children has disappeared. Yet here, in spite of 20 years Scandinavian experience, we are experimenting with the administration of B.C.G. vaccine to medical students, nurses and tuberculin-negative contacts of cases of tuberculosis only. What is wanted in this case also is a campaign similar to that already undertaken for diphtheria immunisation, and again it is hoped that the Public Health Service will be able to take the same part in this campaign as it has done in that for diphtheria immunisation.

FOOD POISONING OUTBREAKS.

No outbreaks of food poisoning occurred during 1950.

CLEAN FOOD CAMPAIGNS.

No Clean Food Campaigns were undertaken during 1950.

* British Medical Journal, 1948, I 1129.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1950.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report of the Sanitary and other work carried out by your Sanitary Inspectors during the year ending 31st December, 1950.

Summary of Inspections.

| | |
|--|--------------|
| Visits made in connection with Infectious Disease and Disinfections carried out | 49 |
| Inspections of Butchers and other Food Shops | 119 |
| Inspections of Dairies | 155 |
| Visits in connection with Water Supplies | 96 |
| Inspections of Bakehouses | 3 |
| Inspections of Fried Fish Shops | 25 |
| Inspections of Catering Establishments | 15 |
| Inspections of Factories | 18 |
| Housing Inspections (Rural Housing Survey), Hobhouse Report ... | 891 |
| Inspections of Council Houses | 515 |
| Reinspections of Council Houses in connection with repairs ... | 1411 |
| Inspections in connection with Building Licences | 80 |
| Inspections of New Buildings, including Drainage Work and testing of Drains | 585 |
| Visits to the Council's Housing Sites and Inspections of Works of Construction | 5510 |
| Inspections in connection with the Petroleum Acts | 2 |
| Inspections—Food and Drugs Act, 1938—Ice Cream Regulations | 33 |
| Complaints Investigated | 39 |
| Houses Inspected under the Public Health Act, 1936 | 430 |
| Interviews with Owners | 51 |
| Re-visits to Property under Notice | 204 |
| Inspections—Housing Act, 1936 | 398 |
| Inspections under the Rats and Mice Acts | 1683 |
| Re-inspections under the Rats and Mice Acts | 2477 |
| Inspections of Requisitioned Properties | 735 |
| Disinfestations carried out | 7 |
| Inspections of Workshops | 15 |
| Inspections under the Shops Acts | 9 |
| Milk Samples taken | 6 |
| Inspections in connection with Food Poisoning | 4 |
| Inspections of Schools | 4 |
| Inspections of Caravan Sites | 11 |
| Inspections in connection with pollution of River Test | 8 |
| Miscellaneous Inspections | 173 |
| Total Number of Inspections and Visits made | 15761 |

Housing.

RURAL HOUSING SURVEY.

| | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| Number of Housing Inspections (Rural Housing Survey—Hobhouse Report) made | ... | ... | ... | ... | ... | ... | ... | ... | ... | 891 |
| Total Number of Inspections made (now complete) | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3896 |

Summary showing result of completed Hobhouse Survey.

| PARISH. | PRIVATE HOUSING CATEGORIES. | | | | | | | | | | TOTAL | |
|------------------------------|-----------------------------|-----|-----|-----|-----|------|-----|-----|-----|------|-------|------|
| | 1 | 2 | 3 | 4 | 5 | | | | | | INSP. | |
| Ashmansworth | ... | 12 | ... | 7 | ... | 15 | ... | 11 | ... | 15 | ... | 60 |
| Baughurst | ... | 6 | ... | 19 | ... | 50 | ... | 10 | ... | 93 | ... | 178 |
| Burghclere | ... | 36 | ... | 20 | ... | 43 | ... | 66 | ... | 24 | ... | 189 |
| East Woodhay | ... | 10 | ... | 47 | ... | 239 | ... | 4 | ... | 73 | ... | 373 |
| Ecchinswell and Sydmonton | ... | 4 | ... | 10 | ... | 40 | ... | 27 | ... | 30 | ... | 111 |
| Highclere | ... | 1 | ... | 26 | ... | 36 | ... | 8 | ... | 36 | ... | 107 |
| Hurstbourne Priors | 1 | ... | 34 | ... | 31 | ... | 39 | ... | 9 | ... | ... | 114 |
| Kingsclere | ... | 24 | ... | 43 | ... | 143 | ... | 18 | ... | 181 | ... | 409 |
| Laverstoke | ... | 4 | ... | 18 | ... | 27 | ... | 27 | ... | 8 | ... | 84 |
| Litchfield and Woodcott | ... | — | ... | 5 | ... | 24 | ... | 10 | ... | 21 | ... | 60 |
| Newtown | ... | 11 | ... | 13 | ... | 20 | ... | 7 | ... | 6 | ... | 57 |
| Overton | ... | 50 | ... | 84 | ... | 217 | ... | 16 | ... | 145 | ... | 512 |
| St. Mary Bourne | 27 | ... | 48 | ... | 93 | ... | 41 | ... | 49 | ... | ... | 258 |
| Tadley | ... | 19 | ... | 45 | ... | 149 | ... | 1 | ... | 143 | ... | 357 |
| Whitchurch | ... | 44 | ... | 64 | ... | 216 | ... | 30 | ... | 158 | ... | 512 |
| Total | ... | 249 | ... | 483 | ... | 1343 | ... | 315 | ... | 991 | ... | 3381 |
| *Council Houses | ... | 235 | ... | — | ... | 267 | ... | — | ... | 13 | ... | 515 |
| TOTAL | ... | 484 | ... | 483 | ... | 1610 | ... | 315 | ... | 1004 | ... | 3896 |

* Excluding houses in course of preparation and recently occupied.

ROUTINE HOUSING INSPECTION CARRIED OUT UNDER THE HOUSING AND PUBLIC HEALTH ACTS OF 1936.

| | | | |
|---|-----|-----|------|
| Number of Routine Inspections (Housing Act, 1936) | ... | ... | 398 |
| Number of Houses inspected under Public Health Act, 1936 | ... | ... | 430 |
| Number of Informal Notices Served | ... | ... | 24 |
| Number of Visits after Service of Notice | ... | ... | 204 |
| Total number of Housing Inspections for all purposes (including Houses inspected—Hobhouse Survey) | ... | ... | 1923 |

Housing Inspections—Public Health Act, 1936.

As a result of inspection under the above Act, the following defects have been brought to the attention of owners, and have been remedied :

| | | | |
|---|----|-----------------------------|----|
| Defective Roofs | 16 | Defective Floors | 4 |
| Defective Doors | 2 | Defective Windows | 9 |
| Defective Staircases | 5 | Defective Lavatories | 10 |
| Defective Cooking Appliances & Fireplaces | 7 | Defective Coppers | 2 |
| Defective Wall Plaster | 15 | Defective Ceilings | 12 |
| Defective Sink Disposal | 7 | Dampness to Walls | 5 |
| Defective Walls | 1 | Defective Ventilation— | |
| Defective Cesspit | 1 | Ladders | 2 |

Total number of Council Houses and Requisitioned Properties in each Parish at 31st December, 1950.

| Parish. | Council Houses. | Requisitioned Property. |
|----------------------------------|-----------------|-------------------------|
| Ashmansworth | 6 | — |
| Baughurst | 12 | 3 |
| Burghclere | 36 | 1 |
| East Woodhay | 25 | 6 |
| Eechinswell and Sydmonton | 12 | 105 |
| Highclere | 18 | 2 |
| Hurstbourne Priors | — | — |
| Kingsclere* | 151 | 5 |
| Laverstoke | — | — |
| Litchfield & Woodcott | — | — |
| Newtown | — | — |
| Overton | 162 | — |
| St. Mary Bourne | 56 | 2 |
| Tadley | 27 | 78 |
| Whitechurch | 141 | 7 |
| Total | 648 | 179 |

*Includes one complete unit of conversion of Agricultural Hostel, Basingstoke Road, Kingsclere under Section 15 of the Housing Act, 1949.

The following houses were erected in 1950 for the Council :

PERMANENT HOUSES.

| | | | | | | | | | |
|-----------------|-----|-----|-----|----|--------------|-----|-----|-----|---|
| Burghclere | ... | ... | ... | 2 | East Woodhay | ... | ... | ... | 8 |
| Kingsclere | ... | ... | ... | 19 | Overton | ... | ... | ... | 8 |
| St. Mary Bourne | ... | ... | ... | 7 | Tadley | ... | ... | ... | 7 |
| Whitchurch | ... | ... | ... | 28 | | | | | |

TEMPORARY HOUSES.

| | | | | | | | | | |
|--|-----|-----|-----|---|--------|-----|-----|-----|-----|
| Kingsclere | ... | ... | ... | 1 | Tadley | ... | ... | ... | 23 |
| Whitchurch | ... | ... | ... | 7 | | | | | |
| Total Family Units provided by the Council | | | | | ... | ... | ... | ... | 110 |

Agricultural Hostel, Basingstoke Road, Kingsclere.

During the year the above property was acquired for the Council, and works for its conversion into 5 units of accommodation are now in progress, one unit having been completed and occupied.

Agricultural Hostel, Newbury Road, Whitchurch.

During the year the above property was acquired for the Council, and has now been converted into 7 units of accommodation.

Broadhalfpenny, Tadley.

The above site, which was taken over by the Council in 1949, for conversion into living accommodation, is now completed and provides a total of 37 dwellings.

PRIVATE BUILDING.

| | | | |
|--|-----|-----|-----|
| Number of New Houses provided by Private Enterprise | ... | ... | 16 |
| Number of Conversions provided by Private Enterprise | ... | ... | 4 |
| Total Family Units provided by Private Enterprise | ... | ... | 20 |
| TOTAL FAMILY UNITS PROVIDED IN DISTRICT IN 1950 | | | 130 |

During the year, 1926 visits were made to Council Houses in connection with maintenance and repairs.

735 inspections were made to requisitioned properties and converted camps.

Building Licensing.

80 inspections were made in connection with building licensing and 101 Building Licences were issued, with a total value of £39,503 15s. 3d.

Moveable Dwellings (Public Health Act, 1936).

Twenty applications were received for permission to set up and use a moveable dwelling, six of these applications being for the renewal of the licence issued during the previous year. In each case permission was granted.

Plans Submitted for Approval.

| | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|
| Number of Plans submitted | ... | ... | ... | ... | ... | ... | 160 |
| Number of Plans approved (Building Byelaws) | ... | ... | ... | ... | ... | ... | 144 |

The sixteen remaining plans were not subject to approval under the Council's Building Byelaws, but were forwarded to the County Planning Authority for approval under the Town and Country Planning Act, 1947.

FOOD SUPPLIES.

Milk.

When the Food and Drugs (Milk and Dairies) Act, 1944 came into operation on the 1st October, 1951, the former duties of Local Authorities were divided between the Ministry of Agriculture and Fisheries who became responsible for the registration and inspection of dairy farms and the Local Authority who became responsible only for the registration and inspection of dairies other than dairy farms and distributors. In consequence of these alterations the entire records of the department were revised and all dairies other than dairy farms were inspected. There are 10 dairies in this district which are the sole responsibility of this authority and they are situated as follows :—

| | | | | | | | | |
|--------------|-----|-----|---|------------|-----|-----|-----|---|
| Overton | ... | ... | 5 | Whitchurch | ... | ... | ... | 2 |
| Kingsclere | ... | ... | 1 | Newtown | ... | ... | ... | 1 |
| East Woodhay | ... | ... | 1 | | | | | |

Six of these dairies were entirely reconstructed during the year and three others were being rebuilt at the end of the year.

During the year 22 distributors were registered, 11 of these being distributors trading from premises outside the district.

Milk (Special Designation) (Raw Milk) Regulations, 1949.

Licences under the above regulations to sell Tuberculin Tested milk were issued to 10 applicants, six of whom were selling from premises outside the district.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Licences to sell Pasteurised milk were issued to 11 applicants, of these six were for the sale of pasteurised milk from premises outside the district.

There were no applications to sell sterilised milk.

Milk Samples and Milk Bottle Samples.

Fifty-nine samples of milk and thirty-five samples of milk bottle rinses were sent to the Laboratory for bacteriological examinations. Thirteen samples of milk and thirteen samples of rinses were found to be unsatisfactory. In all cases improvements were noted after visits by the inspectors.

General Condition of Dairies.

The condition of all dairies and the methods of milk bottling improved considerably during the year and the co-operation between the department and the officers of the Ministry of Agriculture and Fisheries was maintained at a high level.

Food and Drugs Act, 1938—Section 14.

Within the district there are now 39 premises registered for the sale and storage of ice cream. In only one of these premises is ice cream manufactured. This is in Whitechurch, where the "complete cold mix" method is in use. I have to report, however, that several premises manufacture ice lollies, for which registration under the Food and Drugs Act, is not required.

The methods of manufacturing these lollies are closely supervised and advice given where necessary.

| | | | | | | |
|--------------|-----|---|-----------------|-----|-----|----|
| Kingsclere | ... | 8 | Baughurst | ... | ... | 1 |
| Highclere | ... | 3 | St. Mary Bourne | ... | ... | 3 |
| Newtown | ... | 1 | Overton | ... | ... | 6 |
| Tadley | ... | 3 | Whitechurch | ... | ... | 10 |
| East Woodhay | ... | 1 | Eechinswell | ... | ... | 2 |
| Burghclere | ... | 1 | | | | |

Ice Cream Samples.

Four samples of ice cream were taken for bacteriological examination and were found to be satisfactory.

Meat and Food.

FOOD PREMISES WITHIN THE DISTRICT.

| Parish | Knackers Yards. | Butchers Shops. | Bake Houses. | Fried Fish Shops. | Sausage Manufac- turers. | Jam and Fruit Preserving. |
|-----------------|--------------------|--------------------|-----------------|-------------------------|--------------------------------|---------------------------------|
| Baughurst | ... | ... | 1 | ... | ... | ... |
| East Woodhay | ... | ... | 1 | ... | ... | ... |
| Kingsclere | ... | 2 | 4 | ... | 2 | ... |
| Overton | ... | 4 | 1 | 2 | 4 | ... |
| St. Mary Bourne | ... | 1 | 2 | 1 | 1 | ... |
| Tadley | ... | 1 | 1 | 1 | 1 | ... |
| Whitechurch | ... | 6 | 2 | 3 | 6 | 1 |
| Total | ... | 14 | 12 | 7 | 14 | 1 |

Number of Inspections to Butchers and Other Food Shops ... 119

Diseased or Unsound Foodstuffs Condemned.

| | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|----------------|
| Meat | ... | ... | ... | ... | ... | ... | ... | ... | 307 lbs. |
| Fish (tinned) | ... | ... | ... | ... | ... | ... | ... | ... | 30 lbs. |
| Preserves | ... | ... | ... | ... | ... | ... | ... | ... | 196 lbs. |
| Meat (tinned) | ... | ... | ... | ... | ... | ... | ... | ... | 8½ lbs. |
| Milk (tinned) | ... | ... | ... | ... | ... | ... | ... | ... | 74¾ lbs. |
| Vegetables (tinned) | ... | ... | ... | ... | ... | ... | ... | ... | 34¼ lbs. |
| Cheese | ... | ... | ... | ... | ... | ... | ... | ... | 16 lbs. |
| Bacon | ... | ... | ... | ... | ... | ... | ... | ... | 16¾ lbs. |
| Offal | ... | ... | ... | ... | ... | ... | ... | ... | 4 lbs. |
| Total weight of all Foodstuffs condemned | ... | ... | ... | ... | ... | ... | ... | ... | 6 cwt. 15 lbs. |

WATER SUPPLIES

Private Water Supplies.

Seventy-six samples of water were taken from Private Water Supplies and submitted for examination, with the following results.

| PARISH. | Satisfactory | Unsatisfactory. |
|---------------------------|--------------|-----------------|
| Ashmansworth | — | — |
| Baughurst | 9 | 2 |
| Burghclere | 6 | 3 |
| East Woodhay | 4 | 1 |
| Ecchinswell and Sydmonton | 1 | 2 |
| Highclere | 2 | 2 |
| Hurstbourne Priors | 2 | 2 |
| Kingsclere | 6 | 12 |
| Laverstoke | — | — |
| Litchfield and Woodcott | 1 | 1 |
| Newtown | 1 | — |
| Overton | — | — |
| St. Mary Bourne | 7 | 3 |
| Tadley | 2 | — |
| Whitechurch | 6 | 1 |
| | 47 | 29 |

Laverstoke Watercress Beds.

Five samples of water were taken from the above water cress beds and of these two were satisfactory and three unsatisfactory.

Well and Borehole Supplies to Council Houses.

| HOUSES. | Satisfactory. | | | | Unsatisfactory. | | | |
|--|---------------|-----|-----|----|-----------------|-----|---|--|
| Council Houses, Wadwick Lane, St. Mary Bourne | ... | ... | ... | 1 | ... | ... | — | |
| Council Houses, North End | ... | ... | ... | — | ... | ... | 1 | |
| Holt Cottages, Ashford Hill | ... | ... | ... | 2 | ... | ... | — | |
| Mulfords Hill, Tadley | ... | ... | ... | 1 | ... | ... | — | |
| Airey Houses, Townsend | ... | ... | ... | 3 | ... | ... | 2 | |
| Longleaze, Stoke | ... | ... | ... | 1 | ... | ... | — | |
| Batsford, Swampton, St. Mary Bourne | ... | ... | ... | 1 | ... | ... | — | |
| Stevens Green, St. Mary Bourne | ... | ... | ... | 1 | ... | ... | — | |
| Airey Houses, Binley | ... | ... | ... | 1 | ... | ... | — | |
| Airey Houses, Stoke Hill, St. Mary Bourne | ... | ... | ... | 1 | ... | ... | — | |
| | | | | 12 | ... | ... | 3 | |

Public Water Supplies.

The Council own five water undertakings and provide water to the Parishes of Ashmansworth, Kingsclere, Overton and Whitechurch and part of Ecchinswell. Main water is supplied to 2,303 properties, the remaining properties having their own supply, i.e., well, borehole, etc.

Samples of water were taken from these supplies during the year for examination and the results are given hereunder.

Ashmansworth Water Supply.

Bacteriological Examination Report.

Date of Collection — 19th October, 1950.

| | | | | |
|--|-------------|-----|-----|------|
| | Per 100 Ml. | | | |
| Probable No. of Coliform Bacilli, MacConkey, 2 days at 37°C. | ... | ... | ... | NIL. |
| Probable No. of Faecal Coli. | ... | ... | ... | NIL. |

Remarks. Very satisfactory.

Date of Report. 21.10.50.

(Signed) R. D. MACKENZIE.

| | | | | | |
|---------------------------|-------|-----|-----|-----|---------|
| Number of Premises served | ... | ... | ... | ... | 63 |
| Size of Mains | ..... | ... | ... | ... | 2½ inch |

Kingsclere Water Supply (Hannington Pumping Station).

Bacteriological Examination Report.

Date of Collection — 27th September, 1950.

| | |
|--|-------------|
| | per 100 ml. |
| Probable No. of Coliform Bacilli, MacConkey, 2 days at 37°C. | NIL. |
| Probable No. of Faecal Coli. | NIL. |

| | | |
|----------|-----------------|---------|
| Remarks. | Date of Report. | 30.9.50 |
|----------|-----------------|---------|

Very satisfactory.

(Signed) R. D. MACKENZIE.

| | | |
|---------------|--------|---------|
| Size of Mains | | 3 inch. |
|---------------|--------|---------|

Kingsclere Water Supply (Kingsclere Pumping Station).

Bacteriological Examination Report.

Date of Collection — 25th July, 1950.

| | |
|---|------|
| Probable No. of Coliform Bacilli, MacConkey, 2 days at 37°C | NIL. |
| Probable No. of Faecal Coli. | NIL. |

| | | |
|----------|----------------|----------|
| Remarks. | Date of Report | 27.7.50. |
|----------|----------------|----------|

Very satisfactory.

(Signed) R. D. MACKENZIE.

Number of Premises served :

| | |
|---|-----|
| (a) Kingsclere (this figure includes properties connected to Hannington Supply) | 515 |
| (b) Ecchinswell | 191 |

Size of mains : 4 inch and 3 inch.

Overton Water Supply.

Bacteriological Examination Report.

Date of Collection — 24th October, 1950.

| | |
|--|------|
| Probable No. of Coliform Bacilli, MacConkey, 2 days at 37°C. | 3 |
| Probable No. of Faecal Coli. | NIL. |

| | | |
|----------|----------------|-----------|
| Remarks. | Date of Report | 27.10.50. |
|----------|----------------|-----------|

Satisfactory.

(Signed) R. D. MACKENZIE.

Number of Premises served : 606 (this includes property in Laverstoke.

Size of mains : 6 inch, 4 inch and 3 inch.

Whitchurch Water Supply.

Bacteriological Examination Report.

Date of Collection — 30th September, 1950.

| | Per 100 ml. |
|---|-------------|
| Probable No. of Coliform Bacilli, MacConkey, 2 days at 37°C | NIL. |
| Probable No. of Faecal Coli. | NIL. |

Remarks. Date of Report 30.9.50.

Very satisfactory.

(Signed) R. D. MACKENZIE.

Number of Premises served : 728.

Size of mains : 6 inch, 4 inch and 3 inch.

Public Water Supplies—East Woodhay, Burghclere and Bishops Green, Ecchinswell.

Main water is supplied to the above districts by the Newbury Corporation. Arrangements for the hand over of these supplies to this Council are in progress, and it is anticipated that this will take place in 1951.

Public Water Supply—Tadley.

Water to the above Parish is supplied by the Mid-Wessex Water Company.

NUISANCES.

It has been necessary to deal with 39 complaints. The nuisances dealt with included offensive accumulations, blocked drains, dirty pigsties, etc.

REFUSE AND SALVAGE.

During the year approximately 3,500 tons of refuse were collected and deposited at the Council's Tips.

Relevant details of this are given hereunder:—

| | |
|----------------------------------|-----------------|
| Number of miles travelled | 22,516 |
| Petrol consumed | 3,484 gals. |
| Wages paid | £2,612 17s. 2d. |
| Tip Rents | £25 11s. 4d. |

Employees in this department are:—

| | |
|------------------------------|-------------------------|
| S.D. Freighter Drivers ... 2 | Salvage Balers 1 |
| Tipmen 3 | Lorry Drivers 1 |
| Salvage Loaders 1 | Refuse Loaders 4 |

SEWAGE.

Sewage Works are situated in the Parishes of Eechinswell & Sydmonton, Kingsclere, Laverstoke, Overton and Whitechurch.

Number of Premises connected to Sewer.

| | | | | | |
|------------|-----|-----|-----|-------------------------|---------|
| Kingsclere | ... | ... | 196 | Eechinswell & Sydmonton | |
| Laverstoke | ... | ... | 78 | (Bishop's Green) | ... 108 |
| Overton | ... | ... | 402 | Whitechurch | ... 386 |

In the remainder of the District sewage is dealt with by:—

(a) Septic Tank or Cesspool.

(b) Earth Closet.

| Parish. | Earth Closet. | | Septic Tank. | |
|-------------------------|---------------|-----|--------------|-----|
| Ashmansworth | ... | ... | 46 | 31 |
| Baughurst | ... | ... | 182 | 67 |
| Burghclere | ... | ... | 197 | 104 |
| East Woodhay | ... | ... | 373 | 140 |
| Eechinswell & Sydmonton | ... | ... | 145 | 23 |
| Highclere | ... | ... | 93 | 68 |
| Hurstbourne Priors | ... | ... | 121 | 10 |
| Kingsclere | ... | ... | 479 | 145 |
| Laverstoke | ... | ... | 51 | — |
| Litchfield & Woodcote | ... | ... | 43 | 15 |
| Newtown | ... | ... | 44 | 29 |
| Overton | ... | ... | 222 | 76 |
| St. Mary Bourne | ... | ... | 158 | 196 |
| Tadley | ... | ... | 376 | 96 |
| Whitechurch | ... | ... | 324 | 39 |

PETROLEUM STORES.

Licences and Permits issued in 1950.

| | | | |
|---|-----|-----|--------------|
| Renewals of licences to store Petroleum Spirit | ... | ... | 65 |
| Number of New Applications | ... | ... | 21 |
| Total amount of Petroleum store under Licence in the District | ... | ... | 76,110 gals. |
| Licences to store Calcium Carbide | ... | ... | 2 |
| Total Amount Stored | ... | ... | 672 lbs. |

GAME LICENCES.

Issued for the year ending 31st December, 1950 ... 12

RODENT CONTROL.

Visits of inspection in search of rats and mouse infestation were made to 1683 properties and destruction work was done on 637 properties.

As a result 461 dead rats were collected and the estimated kill was between three and four thousand.

The following amounts of bait and poisons were used: —

| | | | | | | | |
|---------|-----|-----|---------|----------------|-----|-----|---------|
| Ruskit | ... | ... | 13 cwt. | Red Squill | ... | ... | 36 lbs. |
| Mafantu | ... | ... | 7 lbs. | Zinc Phosphide | ... | ... | 14 lbs. |
| Arsenic | ... | ... | 7 lbs. | | | | |

FACTORIES.

The following factories are situated in the Rural District:—

| | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|----|
| Paper Mills | ... | ... | ... | ... | ... | ... | ... | 3 |
| Gas Works | ... | ... | ... | ... | ... | ... | ... | 2 |
| Jam Factories | ... | ... | ... | ... | ... | ... | ... | 1 |
| Mineral Water Works | ... | ... | ... | ... | ... | ... | ... | 1 |
| Soapworks | ... | ... | ... | ... | ... | ... | ... | 1 |
| Garage and Motor Engineering Establishments | ... | ... | ... | ... | ... | ... | ... | 18 |
| Silk Mills | ... | ... | ... | ... | ... | ... | ... | 1 |
| Joinery Works | ... | ... | ... | ... | ... | ... | ... | 4 |
| Laundries | ... | ... | ... | ... | ... | ... | ... | 2 |
| Shoe Repair Shops | ... | ... | ... | ... | ... | ... | ... | 1 |
| Blacksmiths' Works | ... | ... | ... | ... | ... | ... | ... | 3 |
| Agricultural Engineers | ... | ... | ... | ... | ... | ... | ... | 2 |
| Dry Cleaners | ... | ... | ... | ... | ... | ... | ... | 1 |

CONCLUSION.

I take this opportunity of expressing my appreciation to the Council for the consideration and support given to me during the year, also to Dr. A. A. Cockayne, who retired in September, 1950, and to Dr. J. Sleigh, his successor, the Clerk of the Council, Mr. F. A. H. Keates, and his staff for their interest and valuable advice in connection with my varied duties.

I am, Ladies and Gentlemen,

Your obedient servant,

REGINALD A. OVER,

Chief Sanitary Inspector and Surveyor.

